

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/601737</b>		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		2		1			56				
7		2		1			57				
8		2		1			58				
9		1					59				
10		1					60				
11		1		1			61				
12		3		1			62				
13		3		1			63				
14		0		1			64				
15	1		1				65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21	1		1				71				
22		1					72				
23		1					73				
24		1					74				
25	1		1				75				
26		1					76				
27		1					77				
28		1					78				
29		4		1			79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		4					TOTAL IND.				
TOTAL DEP.		25					TOTAL DEP.				
TOTAL CLAIMS		29					TOTAL CLAIMS				